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AUTHOR Nichols, Teresa M.; And Others
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ABSTRACT

This study determined the effects of three levels of clinical experiences on teacher education students' perceptions of the importance and performance of various teacher attributes. Measures of importance and performance were obtained from a sample of 216 (37 male, 179 female) teacher education students from Jacksonville State University (Alabama) immediately prior to and at the end of the three levels of clinical experience that involved direct contact with children. These experiences were those provided in campus laboratory settings, experiences provided in the local schools, and experiences comprising student teaching. Gender and American College Testing (ACT) scores were also considered. Results indicated that students became more sensitive to various teacher attributes and that they began to perceive their performance in these attributes as improving as they participated in the educational training. Further, it was found that the higher the ACT scores, the lower the students' perceptions of their teaching performance; female students perceived their teaching performances as higher than male students. The "Clinical Experiences Assessment Profile" is appended. (Author/ND)

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EFFECTS OF THREE LEVELS OF CLINICAL EXPERIENCES ON SKILLS MASTERY OF TEACHER EDUCATION STUDENTS

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Teresa M. Nichols, Ph.D
J. Gordon Nelson, Ph.D
Lynetta A. Owens, M. Ed
Dennis C. Zuelke, Ph.D

Jacksonville State University
Jacksonville, Alabama 36265

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Abstract

This study determined the effects of three levels of clinical experiences on teacher education students' perceptions of importance and performance of various teacher attributes. Measures of importance and performance were obtained from a sample of 216 teacher education students immediately prior to and at the end of the three levels. Gender and ACT scores were also considered. Results indicated that students become more sensitive to various teacher attributes and that they begin to perceive their performance in these attributes as improving as they participate in the educational training.

Article

Clinical experiences in teacher preparation programs often are weak in their integration and support to program goals. As colleges of education participate in restructuring efforts, many focus on this component in an effort to assess their models for training pre-service teachers. McIntyre (1983) completed a thorough investigation of field experiences in teacher education programs and concluded that field experiences remain a valuable part of teacher education and should foster opportunities for reflection on teaching and settings in which teaching takes place. Further, McIntyre (1983) maintained that field programs should adopt an inquiry-orientated approach to foster thoughtful examination of teaching. He suggested that teacher preparation programs should develop internships that allow support of novice teachers by ensuring clinical faculty roles to provide effective supervision of preservice teachers. Darling-Hammond (1991) maintained that in addition to mastery of subject matter knowledge and participation in education courses, supervised clinical learning provides for effective classroom management.

Current literature on the quality of clinical experiences cite the following necessary criteria:

CLINICAL EXPERIENCES SHOULD BE VARIED. Goodlad (1990), in an investigation of current practices in teacher preparation programs, postulates that clinical experiences in teacher education programs must involve a wide array of laboratory settings for observations and hands-on experiences and that settings for field experiences must be exemplary of best educational practices. The National Council for Accreditation of Teacher Education (NCATE) (1990) mandated that clinical experiences be sequenced and systematically selected in a variety of settings. The Alabama State Department of Education (1991) mandated in its guidelines that

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students experience a variety of school and community settings in their teacher preparation programs.

CLINICAL EXPERIENCES SHOULD BE SUPERVISED. Darling-Hammond (1991), in a review of research investigating the supervision of clinical experiences, maintained that intensive supervision in clinical experiences is extremely important in ensuring effectiveness of beginning teachers. NCATE (1990) required that clinical experiences be supervised and that feedback be provided. McIntyre (1991) concluded that professors in colleges of education should take on clinical faculty roles to ensure effective supervision of students. This involvement of clinical faculty in the supervision of clinical experiences can enhance clinical experiences as an integral component of teacher preparation programs.

CLINICAL EXPERIENCES SHOULD BE SHARED RESPONSIBILITIES. Meade (1991) suggested that clinical experiences should be the shared responsibility of school systems, colleges and universities, and professional teacher organizations. Meade (1991) further maintained that clinical experiences should take place in schools committed to the development of teachers and the instruction of students and should serve a demographically representative clientele. Goodlad (1990) advocated that collaborative efforts must exist between school systems and colleges of education. NCATE (1990) further mandated that colleges of education provide assistance to first-year teachers and regularly conduct follow-up studies of graduates.

CLINICAL EXPERIENCES SHOULD INVOLVE LARGE BLOCKS OF TIME. State departments of education usually provide guidelines for clinical experiences for colleges of education. The Alabama State Department of Education (1991) mandated several requirements for clinical experiences. One of these is that large blocks of time for practical field experiences be provided prior to student teaching. Meade (1991) maintained that clinical experiences should take place over a sustained period of time, preferably a full school year.

CLINICAL EXPERIENCES SHOULD PROVIDE OPPORTUNITIES FOR REFLECTIVE THINKING. McIntyre (1983) synthesized from the research that field experiences should be inquiry-oriented and foster thoughtful examination of teaching and settings in which teaching occur. McIntyre (1983) further maintained that opportunities for reflection on teaching must be provided and encouraged throughout the preparation program.

CLINICAL EXPERIENCES SHOULD HAVE SCOPE. Ernest, Ducharme, Hymer, Philpot, Podemski, Prince, and Tishler (1991) outlined three types of clinical experiences in teacher preparation programs: field-based clinical activities in local schools dispersed throughout pre-service training, campus clinical activities involving the university classroom and learning laboratories on campus designed to offer simulation opportunities, and clinical activities that provide follow-up to continue professional development of teachers to ensure that the college's involvement continues as a support base to its graduates. They maintained that first year teaching support programs provide teacher program evaluation opportunities as well as continued support for professional development of teachers.

CLINICAL EXPERIENCES SHOULD BE SEQUENCED. Guidelines of NCATE (1990) mandated that clinical experiences be sequenced. Ernest, et al, (1991) outlined levels of clinical experiences that range from college classroom practical activities, to campus laboratory experience, to school-based experiences.

CLINICAL EXPERIENCES SHOULD BE SUPPORTED BY TECHNICAL AND MATERIALS RESOURCES. It is essential at each level of clinical experiences, whether in a college classroom, a campus laboratory, or a school setting that technical and materials resources

are available to preservice teacher and supervisors. These technical and materials resources should include teaching materials and kits, equipment for making teaching aids, audio-visual equipment, and other resources that pre-service teachers should take into their future classrooms.

A synthesis of the above criteria suggests that basic to models of clinical experiences, a scope and sequence is central to effectiveness. A scope and sequence model can address other criteria to include varied experiences, opportunities for reflective thinking, and organized, shared efforts for supervision. The following is a discussion of one such model.

A COMPREHENSIVE SCOPE AND SEQUENCE MODEL

The College of Education at Jacksonville State University in Jacksonville, Alabama has developed a clinical experiences model that addresses recommendations of researchers as well as requirements of national and state accrediting agencies. The model evolved over a three-year period as College of Education faculty reviewed research and addressed new standards required by accrediting agencies. Research efforts have involved validating instruments to assess effectiveness of each level of the clinical experiences model in regard to student performance. This research project was designed to assess the skills mastery of students at each level of the clinical experiences model.

The model represents both depth and breadth in its implementation, provides close interaction of college faculty and preservice teachers, ensures a variety of settings and experiences, builds in opportunities for reflective thinking, and is supported by materials resources. The model provides for five hierarchical levels of clinical experiences: practice activities in a college classroom; practice activities in a campus laboratory; practicum field experiences in local schools; student teaching; and follow-up support services during the first year of teaching. All these experiences are provided support by the Learning Resource Center in the College of Education(Figure 1).

Undergirding the comprehensive scope and sequence model in the College of Education at Jacksonville State University is the Learning Resources Center (LRC) housed in the College of Education. The LRC provides both technical and materials resources (1991 Annual Report) to all levels of clinical experiences in the College of Education. The center provides extensive teaching materials and kits, test protocols, equipment for making teaching aids, audio-visual materials and equipment, and a computer laboratory with more than 1000 software programs. The LRC is accessible to all education students and serves all levels of clinical experiences described in the model by providing technical and materials resources.

Level I Clinical Experiences are those practice activities in college classrooms that are provided in professional studies courses, in particular, methods classes. Level I experiences are unique in that they include simulations, role playing, video taping, micro-teaching, project/unit development, subject matter portfolios, and group research and presentations. These activities support course objectives and the descriptions of these activities are specified in syllabi. Successful performance of these activities is monitored and evaluated by the college professor teaching the course. Level I clinical experiences address criteria of effectiveness in that they provide a wide array of experiences, provide opportunities for reflection through assessment, and are closely supervised and evaluated by college professors. Skills identified and assessed at this level include personal qualities, academic qualities, and communication skills (See Figure 2).

Level II Clinical Experiences are provided on campus in laboratory settings. Unique to Level II experiences are participation opportunities in two campus laboratories available to undergraduate education majors: The Teaching/Learning Center (T/LC) and the Nursery School. Practical experiences at this level are a requirement in the educational psychology courses. The purpose of these experiences is to provide opportunities for one-to-one interaction for college students with children from surrounding areas under the close supervision of College of Education faculty and staff. Documentation of time, evaluation of successful interaction with children, and completion of program objectives are monitored by laboratory coordinators and professors who teach the educational psychology courses. Level II experiences address criteria for effectiveness in that opportunities are provided for students to reflect on their work with children, the experiences are closely supervised by university professors or staff, and the experiences build upon Level I activities. Skills identified for mastery and assessment at this level include personal qualities, professional qualities, and instructional skills (See Figure 2).

Level III Clinical Experiences are provided in the local schools. These practicum experiences provide gradual exposure for students to the real classroom and to the school environment. These experiences involve observations, participation in school activities, and completion of required written assignments. A workbook/handbook provides a schedule for assignments and forms to log time. Orientation and in-service activities are provided for cooperating classroom teachers to ensure collaboration in attaining goals of these clinical expediencies. College professors monitor students' progress and, along with cooperating classroom teachers, evaluate students on their interaction skills with children, teachers, parents, and other school staff. Level III clinical experiences take place in a school setting, university supervisors and school personnel collaboratively supervise the experience, the required activities involve large blocks of time and encourage reflective thinking. The experiences build on the activities provided in Levels I and II. Skills identified and assessed at this level include personal qualities, professional qualities, instructional skills, communication skills, and classroom management (See Figure 2).

Level IV Clinical Experiences comprise student teaching. These experiences are provided by the College of Education in collaboration with local schools and involve a semester placement with carefully selected mentors. The purpose of student teaching is to provide a continuous, closely monitored experience that involves observations, participation activities, and extensive teaching time. A handbook provides descriptions of requirements, and forms to log time and to evaluate performance. College supervisors and classroom cooperating teachers monitor performance and provide evaluation. Orientation and in-service activities are provided for cooperating classroom teachers to ensure collaboration between the college and schools. Levels III and IV provide a combined year-long experience in school settings for pre-service teachers. Level IV clinical experiences meet criteria for effectiveness in that the semester-long experiences provide varied local school settings for students, ensure collaborative supervision by the university and the school, involve planned activities that provide opportunities for reflective thinking, and build upon prior levels of clinical experiences. Skills identified and assessment at this level include personal qualities, professional qualities, instructional skills, communication skills, and classroom management skills (See Figure 2).

Level V Clinical Experiences include follow-up of graduates, in-service activities, and support services to the first-year teacher and supervisor. If a supervisor identifies weaknesses that a first-year teacher must address, College of Education faculty work with the

supervisor and the teacher to develop a professional improvement plan for the teacher. Other collaborative efforts at this level involve in-service activities in the schools and on campus. Program evaluation data are gathered at this level to ensure that the teacher preparation program are viable and current in providing training for teachers to be prepared to deal successfully with the complex world of teaching. Criteria for effectiveness are addressed at this level by providing collaborative efforts between colleges of education and schools, ensuring supervision and support, providing opportunities for reflective thinking, and building upon prior levels of clinical experiences.

After completing the four levels of clinical experiences and the supporting coursework, students in the College of Education at Jacksonville State University are well-equipped to function effectively as beginning teachers. The Level V experience represents a commitment to providing assistance to the beginning teacher and ensuring graduate follow-up and program evaluation.

Method

Participants

Two hundred and sixteen students (37 males & 179 females) from the Jacksonville State University, College of Education Teacher Education program, participated in this project. Assessment included 3 levels of clinical experiences (Levels II, III, and IV) that involved direct contact with children prior to graduation (i.e., Level I was not used because it consisted of classroom simulations and Level V was not used because it was a post-graduation follow-up year). Of the 3 Levels assessed, the Level II condition consisted of 56 Ss (8 males & 48 females), Level III consisted of 19 Ss (9 males & 10 females), and Level IV consisted of 141 Ss (20 males & 121 females).

Instrumentation and Procedure

The Clinical Experiences Assessment was used to assess 5 teaching skills categories: (1) Personal Qualities, (2) Professional Traits, (3) Instructional Skills, (4) Communication Skills, and (5) Classroom Management with the number of skills varied in each category (Figure 2). This form was used to assess students' (1) perceived importance of the teaching skill, and (2) their perceived performance with regard to that skill. Surveys were completed by each group in group settings at the beginning and at the end of the clinical experience (creating Pre and Post experience conditions). A composite score was calculated on response categories 2 through 5 on the following 5 point scale: (1) No Opinion, (2) Not Important, (3) Somewhat Important, (4) Important, and (5) Very Important, yielding a possible range of scored from 84 to 210.

Results and Discussion

The overall rounded means (and standard deviations) for each condition collapsed over Levels were as follows: Pre-Importance 196 (15), Post-Importance 200 (14), Pre-Performance 177 (29), and Post-Performance 192 (21), with significant differences (t-test, $p < .05$, one-tailed) between Pre-Importance and Post-Importance scores, and Pre-Performance and the Post-Performance scores confirming the directional hypothesis that Post scores would be higher than Pre scores due to exposure to training. The Pre/Post-Importance score differences indicate that students become more sensitive to the importance of various teaching skills, and the Pre/Post-

Performance score differences indicate that the students began to perceive their performance in these skills as improving as they participated in the educational training.

Across levels, 3 (Levels) x 2 (Importance-Perfomance) x 2 (Pre/Post) ANOVA indicated significant main effects for each factor ($p<.01$), an interaction effect between Levels and Importance-Performance ($p<.01$), and an interaction effect between Importance-Performance and Pre/Post ($p<.05$). These results indicate a wider gap in the Importance-Performance factor in the early level which closes in the final level suggesting a more cohesive mind-set with regard to teaching skills in the final stages of training (Figure 3). The Pre & Post factor interacts with the Importance-Performance factor but not with Levels as it follows a parallel path which can be seen in the insert in Figure 3. For ease of interrpretation, inserts have been added to Figure 3 from a 3 (Level) x 2 (Importance-Performance) ANOVA and a 3 (Level) x 2 (Pre/Post) ANOVA.

Two other interesting trends found that (1) the higher the ACT scores, the lower the students' perception of their teaching performance (Oneway ANOVA results with Scheffe multiple comparisons), and (2) female students perceived their teaching performance as higher than male students (t-test results).

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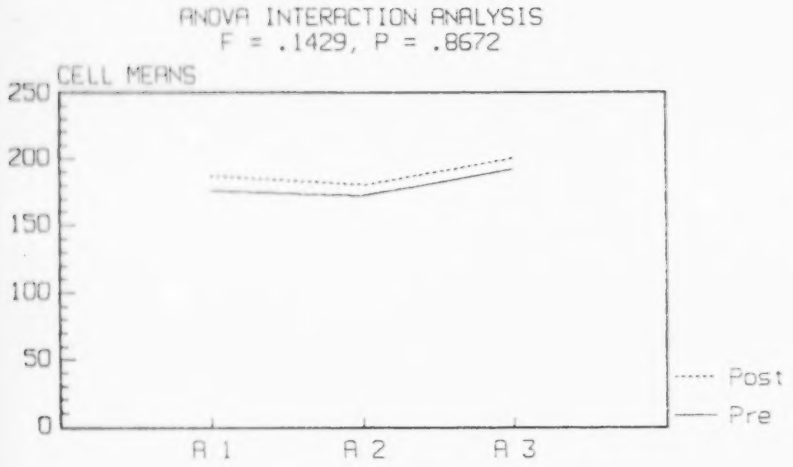
Figure 1

CLINICAL EXPERIENCES
Scope and Sequence

Level I	Level II	Level III	Level IV	Level V
CAMPUS BASED	CAMPUS BASED	FIELD BASED	FIELD BASED	CAMPUS/FIELD PARTNERSHIP
20 + HOURS	20 + HOURS	100-150 + HOURS	15 WEEKS- 450 + HOURS	FOCUS ON FIRST YEAR
CLASS ACTIVITIES	T/LC- NURSERY SCHOOL	AREA SCHOOLS	AREA SCHOOLS	TEACHING SITE
SIMULATIONS	TUTORING	BLOCK PRACTICUM	STUDENT TEACHING	FOLLOW-UP FOR FIRST YEAR TEACHERS

LRC



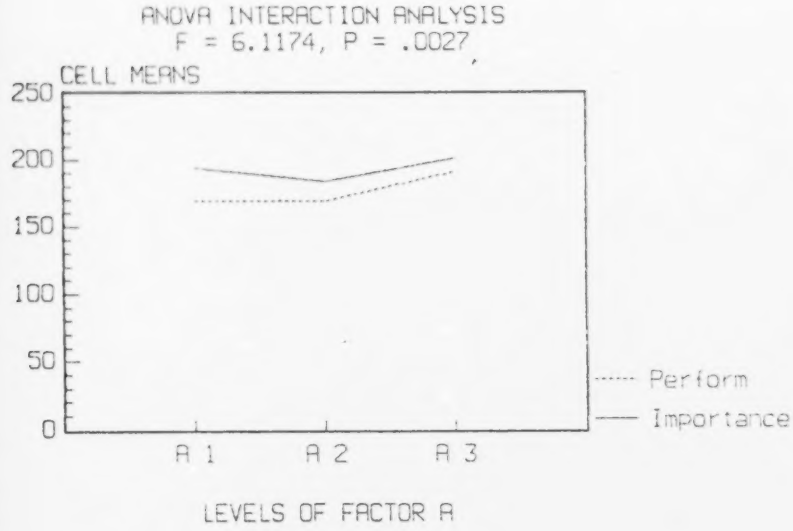


FIGURE 3

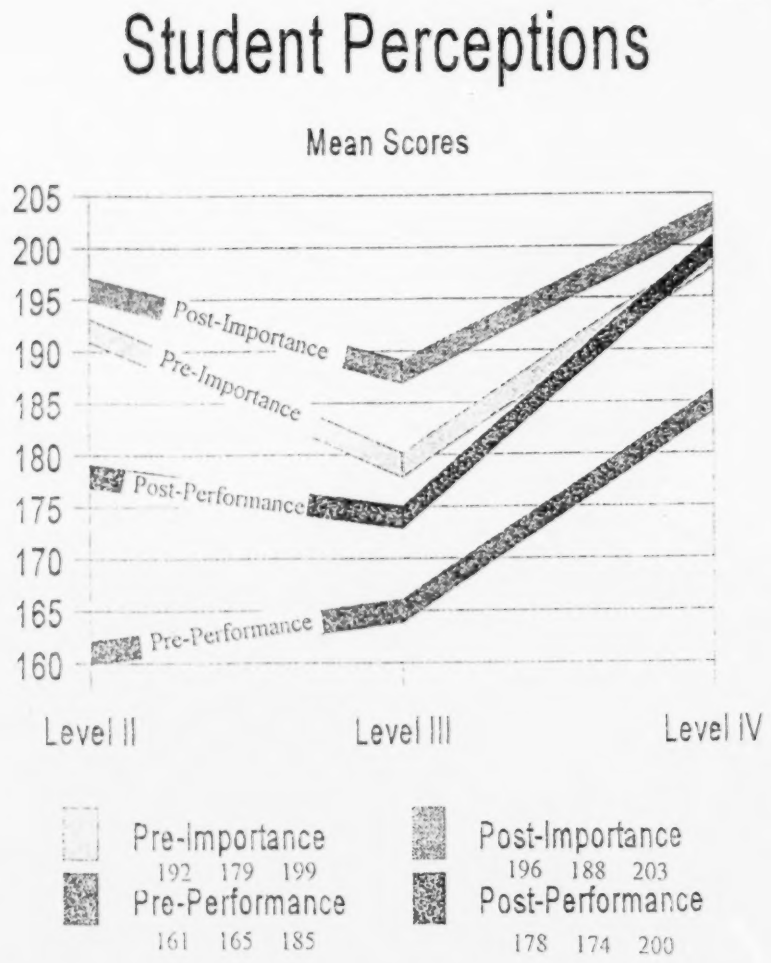


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Figure 2

JACKSONVILLE STATE UNIVERSITY
COLLEGE OF EDUCATION

CLINICAL EXPERIENCES ASSESSMENT PROFILE

This listing summarizes behaviors and performance skills Program Faculty support in the Teacher Preparation Program at Jacksonville State University in preparing professional educators who are **DEVELOPING CREATIVE DECISION MAKERS** in classroom teacher leadership roles. This listing is incomplete and will be revised through an evaluation process each semester. Students should know at this point that double asterisked (**) items constitute minimum performance expectations and students failing to demonstrate the qualities will be immediately dismissed from practicum or internship. Single asterisked (*) items will result in dismissal when students fail to correct behaviors after advisement by supervisors. Failure to demonstrate all behaviors will be reflected in practicum and internship grades.

Level I: College Classroom Activities

PERSONAL QUALITIES:
_____ exhibits initiative
_____ * maintains good attendance
_____ * demonstrates reliability
_____ * exhibits punctuality
_____ ** exhibits a cooperative spirit
_____ ** exhibits positive attitude toward supervision

ACADEMIC QUALITIES:
_____ demonstrates enthusiasm for learning
_____ * maintains acceptable level of scholarship
_____ produces high quality work
_____ writes effective lesson plans
_____ develops effective unit plans

COMMUNICATION SKILLS:
_____ * uses standard oral English
_____ * uses standard written English
_____ maintains proper voice quality

Level II: Campus Lab Experiences: T/LC, Nursery School, etc.

PERSONAL QUALITIES:
_____ exhibits initiative
_____ * maintains good attendance
_____ * demonstrates reliability
_____ * exhibits punctuality
_____ ** exhibits a cooperative spirit
_____ ** exhibits positive attitude toward supervision

PROFESSIONAL QUALITIES:
_____ ** exhibits ethical professional relations
_____ exhibits commitment to teaching profession

INSTRUCTIONAL SKILLS:
_____ assesses student needs
_____ attempts to meet student needs
_____ ** demonstrated respect for students

Figure 2 continued

Level III: Block Practicum in Schools

PERSONAL QUALITIES:
_____ exhibits initiative
_____ * maintains good attendance
_____ * demonstrates reliability
_____ * exhibits punctuality
_____ ** exhibits a cooperative spirit
_____ ** exhibits positive attitude toward supervision
_____ is appropriately dressed and groomed
_____ ** demonstrates maturity and self-control
_____ demonstrates physical stamina for demands of teaching
_____ cooperates with faculty and peers
_____ ** uses good judgment

PROFESSIONAL QUALITIES:
_____ ** exhibits ethical professional relations
_____ exhibits commitment to teaching profession
_____ seeks to improve teaching skills

INSTRUCTIONAL SKILLS:
_____ assesses students needs
_____ uses appropriate diagnostic & evaluative instruments
_____ attempts to meet student needs
_____ ** demonstrates respect for students
_____ prepares effective lesson plans
_____ prepares effective unit plans
_____ utilizes effective long-range plans
_____ meets planning deadlines
_____ uses teaching time efficiently
_____ * demonstrates knowledge of student matter
_____ uses a variety of resources
_____ uses academic technology effectively
_____ uses learning theories appropriate to age and development of students
_____ stimulates critical thinking
_____ provides for individual differences

COMMUNICATION SKILLS:
_____ * uses standard oral English
_____ * uses standard written English
_____ maintains proper voice quality
_____ listens to students
_____ uses appropriate facial expression/gestures

CLASSROOM MANAGEMENT:
_____ maintains satisfactory physical environment
_____ demonstrates proper use and care of equipment and supplies
_____ handles classroom routine efficiently
_____ uses adequate classroom discipline
_____ perceives health problem
_____ is aware of students' social interaction
_____ maintains balance in teacher/student talk

Level IV: Student Teaching in Schools

PERSONAL QUALITIES:
_____ exhibits initiative
_____ * maintains good attendance
_____ * demonstrates reliability
_____ * exhibits punctuality
_____ ** exhibits a cooperative spirit
_____ ** exhibits positive attitude toward supervision
_____ is appropriately dressed and groomed
_____ ** demonstrates maturity and self-control
_____ demonstrates physical stamina for demands of teaching
_____ shows initiative in all areas of teacher responsibility
_____ cooperates with faculty and peers
_____ ** uses good judgment

PROFESSIONAL QUALITIES:
_____ ** exhibits ethical professional relations
_____ exhibits commitment to teaching profession
_____ seeks to improve teaching skills

INSTRUCTIONAL SKILLS:
_____ assesses students needs
_____ uses appropriate diagnostic & evaluative instruments
_____ attempts to meet student needs
_____ ** demonstrates respect for students
_____ prepares effective lesson plans
_____ prepares effective unit plans
_____ utilizes effective long-range plans
_____ meets planning deadlines
_____ uses teaching time efficiently
_____ * demonstrates knowledge of student matter
_____ uses a variety of resources
_____ uses academic technology effectively
_____ uses learning theories appropriate to age and development of students
_____ stimulates critical thinking
_____ provides for individual differences

COMMUNICATION SKILLS:
_____ * uses standard oral English
_____ * uses standard written English
_____ maintains proper voice quality
_____ listens to students
_____ uses appropriate facial expression/gestures

CLASSROOM MANAGEMENT:
_____ maintains satisfactory physical environment
_____ demonstrates proper use and care of equipment and supplies
_____ handles classroom routine efficiently
_____ uses adequate classroom discipline
_____ perceives health problem
_____ is aware of students' social interaction
_____ maintains balance in teacher/student talk